December 2007 Volume 2, Number 2

SASKATCHEWAN DISEASE CONTROL LABORATORY NEWSLETTER

(Formerly The Provincial Laboratory), 3211 Albert Street, Regina, SK S4S 5W6 (306) 787-3131

NEWS FROM THE SASKATCHEWAN DISEASE CONTROL LABORATORY

Contents

Highlights of Fall 2007 Newsletter

- On page 2 there is discussion on sample submission for diagnosis of measles, mumps and rubella.
- On page 3 there is review of how to interpret syphilis serology.
- On page 4 SDCL announces a new platform for testing urine for chlamydia and gonococci, and the new sample tubes to be used.
- Also on page 4 is an introduction to the new requisition for Severe Respiratory Illness.
- On page 5 is the holiday schedule for SDCL.
- On page 6 and 7 a summary of our client survey results.

Attachments

- 2005/06/07 Human Viral Infections
- Compendium Updates
- Copy of the New Severe Respiratory Illness Requisition
- Diagnosis of Syphilis
- SDCL Hours of Operation 2008

Change in HIV Requisition:

Commencing March 3, 2008, the Saskatchewan Disease Control Laboratory (SDCL) requires the PHN and full birthdate (dd/mm/yyyy) on each HIV requisition. There are two reasons: the present system with using the first two letters of first and last name plus birthdate has not been applied rigorously and the consequence of this is the computer can no longer handle the data.

It is still possible to send specimens with a code of first two letters of the first name and the first two letters of the last name, plus the PHN and date of birth, which are now mandatory.

A new requisition will be available from Materials Management.

This new format provides:

1. a robust system for the new LIMS. This will continue to provide reliable patient data storage.
2. consistency with the new changes to The Communicable Disease Control Regulations. HIV will now be handled similar to other blood borne pathogens. This requirement also applies to HIV viral load requests.

Saskatchewan Ministry of Health

ISSN 1913-3138

Diagnosis Measles, Mumps, & Rubella (MMR)

"The preferred specimen for mumps is a swab from around Stensen's duct."

Diagnosis of Measles, Mumps & Rubella (MMR):

With implementation of the two-dose universal immunization program, measles, mumps and rubella are now very rarely seen. It is necessary to use lab tests to confirm clinical syndromes. Also, IgM serology for diagnosis of these diseases, has poor specificity in patients who have vaccine failure on single dose MMR.

Typical measles is fever of 38.3°C or greater, cough, coryza, conjunctivitis, with generalized maculopapular rash for at least 3 days.

For diagnosis, for measles submit:

1. 2 mL serum for IgM serology plus one of the below.
2. Urine sample: 50 mL within 7 days of onset of rash. Prior to shipping to SDCL, centrifuge urine 2500 x g, resuspend pellet in viral transport media, ship to SDCL on ice pack.
   or
   Throat swab/nasopharyngeal swab; submit to SDCL in viral transport medium on ice pack.

Mumps typically presents with high fever, fatigue and unilateral or bilateral parotitis. The specimens required to diagnosis mumps include:

Serology: 5 mL serum for IgM and IgG serology including a second convalescent serum is required 10 days later, plus one of the following:

Oral: The preferred specimen for mumps diagnosis, is a swab from around Stensen's duct, within 5 days of onset of symptoms, submit in viral transport medium on ice pack.
or
Urine: Collect 50 mL, centrifuge 2500 x g, suspend pellet in viral transport media, submit to SDCL on ice pack. Urine specimen can be positive up to 14 days after onset of symptoms.

Rubella is considered when patient presents with symptoms of fever of 37.2°C or greater and a rash with at least one of the following:

arthralgia/arthritis or lymphadenopathy or conjunctivitis.

The specimens required to diagnose rubella include:

1. Serology: 5 mL serum for IgM and IgG.
2. If there are IgG antibodies, then it is referred to National Microbiology Laboratory for IgG avidity test. The IgG avidity test can be done on a specimen collected within 30 days of exposure to rubella.
3. Submit a second serum (convalescent) 10 days apart to look for 4-fold increase in IgG antibodies.

Congenitally Acquired Rubella:

A. Laboratory Diagnosis:

   IgM positive cord blood or serum
   or
   Persistent IgG in infant past 6 months
   or
   Detection of virus in respiratory specimens during the first few months of life.

B. Congenital Rubella Syndrome:

   Clinically compatible manifestations require a minimum of two clinical compatible manifestations which includes any combination from Columns A and B.

Column A	Column B
1. Cataract or congenital glaucoma	1. Purpura
2. Congenital heart defect	2. Hepatosplenomegaly
3. Sensorineural hearing loss	3. Microcephaly
4. Pigmentary retinopathy	4. Micro ophthalmia
	5. Mental retardation
	6. Meningoencephalitis
	7. Radiolucent bone disease
	8. Development or late onset conditions such as diabetes, progressive panencephalitis, & any other condition possibly caused by rubella virus.

DIAGNOSIS OF SYPHILIS

"A four-fold rise in RPR titre confirms acute syphilis"

Diagnosis of Syphilis:

There has been an increase in the number of cases of syphilis in Saskatchewan. The following describes testing provided at Saskatchewan Disease Control Laboratory.

The laboratory diagnosis of syphilis includes the following:

1. Primary Chancre - for work-up of primary chancre, de-roof lesion, spread serous exudate on a microscope slide (covering the area the size of a dime), air dry and send to Saskatchewan Disease Control Laboratory (SDCL). It will be analyzed for spirochetes by fluorescent microscopy.
2. Serology is the mainstay for diagnosis of syphilis. Submit 2 ml of serum. An EIA against *Treponema pallidum* specific antigens is the initial test done.

   If the EIA is positive then further testing is done:

   i) RPR titre - to detect acute disease.
   ii) TPHA - second treponemal antigen specific assay to confirm the EIA.

Interpretation of Results:

1. RPR is used to detect acute disease. A single titre of 1:16 or greater is consistent with acute infection and the patient should be treated.
2. An RPR of 1:8 should be reviewed with MHO for consideration of treatment.
3. A RPR < 1:8 could be either early syphilis, previous treated syphilis or persons from endemic countries for yaws (Caribbean), pinta (Central America) or bejel. For a titre of $\leq$ 1:8 it is necessary to repeat in 2 to 3 months to rule out acute syphilis. A four-fold rise in titre would confirm acute syphilis.
4. An EIA reactive, TPHA (Treponema pallidum haemagglutination assay) reactive and RPR negative is consistent with treponemal infection at some time. Recommend repeat test.
5. When EIA is reactive and the TPHA is indeterminate, the specimen will be referred to NML for TPPA assay (another confirmatory test). For EIA reactive and TPPA reactive, only repeat in 8 weeks if patient at risk.
6. With EIA reactive, TPHA non-reactive, RPR non-reactive, only repeat in 8 weeks if the patient at risk.
7. When an RPR that remains equal to or less than 1:8 is repeated in 2 months and there is no significant change, no further testing is required at the time. Acute syphilis has been ruled out.
8. If the patient has EIA reactive serology and signs of neuro-syphilis, submit a CSF for VDRL. The RPR titre cannot be used to diagnose neuro-syphilis.
9. In summary, use RPR titre to identify acute syphilis. Ideally, for titres less than 1:16 a second serum should be submitted in two months to identify a rise in RPR titre. The challenge is how to handle the case when there is low RPR titre with a high risk patient. If you cannot be sure the patient will return for follow-up, treatment becomes an option. Such cases should be reviewed with your regional Medical Health Officer.

Reference:

Serological Diagnosis of Syphilis, WI Egglestone et al, Communicable Disease and Public Health, Vol. 3 No. 3, September 2000.

ATTACHMENT

There is an additional information sheet atttached for use in diagnosis of syphilis.

SRI Requisition

"...part of the provincial surveillance for pandemic influenza."

Severe Respiratory Illness (SRI) & Pandemic Requisition:

There is a new requisition called Severe Respiratory Illness and Pandemic Requisition, that is to be used with specimens submitted to Saskatchewan Disease control Laboratory (SDCL) for the work-up of severe respiratory illness (SRI) and for pandemic screening. The monitoring of severe respiratory illness is an important part of the provincial surveillance for pandemic influenza. Typically, these patients present with a travel history to an area where unusual influenza strains are circulating.

When you are aware of an SRI, discuss the case with your regional Medical Health Officer (MHO). When the strains of concern have been identified by World Health Organization (WHO), the countries involved can evolve quickly. Your MHO is in a position to know the current recommendations. The typical specimen is nasopharyngeal or throat swab submitted in viral transport medium.

A copy of this requisition has been included in this newsletter. A copy will be posted on the SDCL website at www.health.gov.sk.ca/lab. This can be filled in online and printed off to submit with the sample.

Testing for *Chlamydia trachomatis* & *Neisseria gonorrhoeae*

Testing for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*

SDCL implemented in December 2007 a new nucleic acid amplification test (NAAT) for detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* in urine. The new system will allow SDCL to maintain efficient service as the test volume continues to increase.

SDCL has also introduced a new urine specimen transport tube, which will ensure better stability of the specimen during transport and will also reduce the turn around time in the laboratory. The use of these tubes will reduce the number of indeterminate reactions.

Specimen collection kits will be shipped from SDCL and will contain the sample tube and a disposable pipette. A guide to specimen collection will be shipped with specimen collection kits. For all subsequent orders, SDCL's Supply Order form will allow clients to order the new collection tubes as required.

Specimen Collection

Instruct patient to collect first 20-30 ml first catch urine in a urine collection cup. Patient should not have urinated for at least one hour prior to specimen collection. Female patients should NOT cleanse labial area prior to providing a specimen.

Remove the cap from the urine specimen transport tube and transfer 2 ml urine into the tube using the disposable pipette provided. The correct volume of urine has been added when the fluid level is between the black fill lines on the urine specimen transport tube label.

Re-cap the urine specimen transport tube tightly. Hold specimens at 2°C to 30°C until shipped to SDCL. Place each specimen in a biohazard-labelled zip-lock bag prior to shipping.

The urine specimen transport tube contains preservatives designed for NAAT only and cannot be used for any other test.

CLIENT REMINDERS

"...remember to check the box "station to station" on the prepaid waybill"

Client Reminders:

SDCL Specimen Transport Totes:

New UN3373 Totes:

To reflect the upcoming new regulatory changes, SDCL has ordered a supply of totes that includes the UN3373 diamond mark and the words "Biological Substance, Category B" on the external surface of the specimen transport totes. When totes need replacing, SDCL will exchange the old tote for one of our new labeled totes.

Supplies:

SMC replenishes specimen transport totes with supplies prior to returning the totes to the clients. When requesting additional tote supplies, please ensure the supplies are used for SDCL specimen shipments only.

Priority Post and STC Bus Labels:

The specimen transport totes assigned to your site are very expensive. To help maintain the condition of the totes, we are asking clients to please refrain from placing sticky labels on top of the address window or anywhere on the outside of the tote. The glue from the labels is very difficult to remove and can damage the exterior of the totes.

Green Mailing Cans:

To minimize the space issues inside the specimen transport totes, we are now asking clients to not send the green mailing cans inside the totes. Please designate a separate foam rack for all transfer specimens that you require SDCL to forward to Regina-Qu'Appelle Health Region and Canadian Blood Services.

SDCL will contact clients who are currently using the green mailing cans to send their specimens directly to SDCL and to discuss implementing SDCL's specimen transport system.

Collect Shipments:

As per our policy, SDCL will not accept 'Collect' shipments. For clients who use STC Bus to ship specimens to SDCL, please remind your staff to use the white prepaid waybills rather than the pink coloured 'collect' waybills. To ensure the packages are picked up by our courier in a timely manner, please remember to check the box "station to station" on the prepaid waybill.

REFERENCE LABORATORY REQUISITIONS

"A pdf of the U of A requisition will be provided."

Reference Laboratory Requisitions:

1. **Capital Health Requisition Update:**

The University of Alberta (U of A) Capital Health reference laboratory has requested clients complete their Routine Requisition for the tests listed below. To assist our clients with this request, we have now added the specific tests to the requisition. **SDCL will forward a PDF copy of the amended U of A requisition to all collection sites.** Whenever possible, please complete the requisition prior to sending the specimen to Saskatchewan Disease Control Laboratory.

- The tests SDCL refers to the University of Alberta are as follows:
- Cyclic Citrullinated Peptide (Anti CCP)
- Thyroglobulin Levels
- Renin
- Aldosterone
- Xylose Tolerance Test
- Bile Acid Concentration
- 24 hr Urine Citrates (please state collection period)

2. **National Microbiology Laboratory (NML) Requisition Update:**

The NML has requested clients complete their 'Mumps outbreak investigation RT-PCR request sheet' for mumps PCR. When SDCL receives a request for mumps PCR we will fax the NML requisition along with the original requisition to the client for completion. When ever possible, please complete prior to sending the specimen to SDCL.

SUMMARY OF CLIENT SURVEY RESULTS

"...2005 and in 2007...shows overall improvement in all rating categories..."

Summary of Client Survey Results

Thank you to those clients who took the time to complete our Customer Satisfaction Survey that was sent in June 2007. Your input is essential to ensuring that we continually improve upon the service we provide.

Of the 111 surveys SDCL sent out in 2007, 42% of our clients responded.

A gap analysis was done between the client surveys sent in 2005 and in 2007 and shows overall improvement in all rating categories, while 4% of the clients felt SDCL is getting worse in the 'specimen collection instructions' trend category. The following is a summary of the top ten 2007 survey comments SDCL received:

1. Develop a web based or online compendium of tests with up to date specimen collection instructions
2. Most clients are happy with SDCL's service, communication, autofaxing, specimen transport totes, and result turn-around times.
3. E-mail communication is preferred by most clients
4. Reduce the number of requisitions
5. Reduce or eliminate partial reports
6. Improve referral result turn-around times
7. Do more referral tests in-house
8. Implement electronic results reporting to all regions
9. Occasional Autofax issues
10. Replace tattered tote address labels

The 2007 survey statistics are shown below

Rating Category	(0) Not Applicable	(1) Always	(2) Usually	(3) Sometimes
Quality--Does our service meet your requirements?				
a) Specimen Collection	2%	36%	57%	4%
b) Analysis	2%	49%	49%	0%
c) Result reports	4%	43%	51%	2%
Delivery				
d) Do we provide our service in a timely manner?	2%	36%	58%	4%
Dependability				
e) Do we provide a consistent service?	0%	49%	47%	4%
Accessibility				
f) Are we easy to reach when you need us for information or assistance?	0%	51%	45%	4%
Follow-through				
g) Do we respond to your requests for information or problem solving in a timely manner?	0%	51%	45%	4%
Understanding Your Needs				
h) Do we behave in ways that show we understand your needs, pressures and concerns?	0%	40%	55%	4%
Attitude				
I) Do we demonstrate a positive cooperative, and courteous attitude in our dealings with you?	0%	62%	36%	2%

CLIENT SURVEY RESULTS CONT.

Trend Category	(0) Not Applicable	(1) Improving	(2) About the Same	(3) Getting Worse
Quality--Does our service meet your requirements?				
a) Specimen Collection	9%	30%	57%	4%
b) Analysis	11%	28%	62%	0%
c) Result reports	11%	28%	62%	0%
Delivery				
d) Do we provide our service in a timely manner?	2%	30%	68%	0%
Dependability				
e) Do we provide a consistent service?	0%	21%	79%	0%
Accessibility				
f) Are we easy to reach when you need us for information or assistance?	0%	30%	70%	0%
Follow-through				
g) Do we respond to your requests for information or problem solving in a timely manner?	0%	30%	70%	0%

CHEMISTRY / TOXICOLOGY SECTION UPDATE

Chemistry/Toxicology Section Update

In the first quarter of 2008 the Chemistry/Toxicology section will emplace a new method for screening for drugs of abuse in urine. This will involve analytical tandem mass spectrometry and will differ in several ways from our current service. Several benefits will be realized from this change including:

1. Significantly expanded test menu (including drugs such as Ritalin, diphenhydramine, meperidine, fentanyl, ketamine, EDDP and many others will be included in our general drug screen.)
2. Species identification - For example morphine, hydromorphone, oxycodone, hydrocodone or codeine would be detected instead of "opiate class". This applies to amphetamines and benzodiazepines as well.
3. The reliability compares favorably with GC/MS so that confirmations in most cases would not be required.

More details will follow with further updates, including the exact date of implementation.

This will not in any way effect sample collection for the time being.

For further information contact Jeff Eichhorst at 306-787-3284.

"Congratulations"

Staff Awards

SDCL staff members received awards in 2007 and 2008.

Dr. Denis Lehotay was the recipient of the prestigious award for Outstanding Contributions to the Profession of Clinical Biochemistry from the Ontario Society of Clinical Chemistry. The award was presented at the Annual General Meeting on November 1st in Ottawa.

Jeff Eichhorst received a Canadian Society for Mass Spectrometry (CSMS) Student Travel Award. The Canadian Society for Mass Spectrometry is a society dedicated to the promotion of mass spectrometry. This was related to work on development of drugs of abuse screening by tandem mas spectrometry.

In January, 2008 , **Dr Paul Levett** was elected to Fellowship in the American Academy of Microbiology, a distinguished achievement, reflecting Dr. Levett's expertise in leptospirosis and other emerging pathogens. The Academy, the honorific leadership group within the American Society for Microbiology, recognizes excellence, originality, and creativity in the microbiological sciences.

The Academy has many activities that support scientists, governmental bodies, and the public. One of the most visible and important activities is sponsoring the colloquium program of the American Association of Microbiology, which addresses issues of critical importance within the science of microbiology.

TEMPERATURE SENSITIVE SPECIMENS

Temperature Sensitive Specimens:

The arrival of winter brings with it the risk of specimens freezing in transit to SDCL. For temperature sensitive specimens that are received frozen in transit, SDCL cannot guarantee the accuracy of the results. If specimens are not salvageable, clients will be contacted and asked to resubmit specimens.

COMPENDIUM UPDATES

Attached are nine pages to be replaced in your copy of the *"Provincial Laboratory Compendium of Tests"*. The pages are: Bacteriology - B 25, B 28, Immunoloyg - I 22, I 24, Referrals - R 23, R 38, and Virology - V 2, V 8, V 14.

CONTACTS NUMBERS

Which Phone Number?

REMEMBER CALL 787-3131 for information from the SDCL

Information from the Saskatchewan Disease Control Laboratory (SDCL)
(Formerly The Provincial Laboratory). **787-3131**

Hours of Operation:

8:00 a.m. to 5:00 p.m. Mon. to Fri.
7:30 a.m. to 4:00 p.m. Saturday
Evening & Weekend call back, see #6 for cell numbers.

Press 1: Medical Results/General Inquiries

Identify who you are, institution and whether you are calling for:

a) lab results, in "Circle of Care" can be provided verbally;
b) specimen receipt and/or status;
c) STAT testing, call will be transferred to the appropriate section;
d) requests for technical information, call will be transferred to appropriate section.

Press 2: Referral Desk

For information on tests referred out-of-province.

Press 3: Maternal Serum Screening

For results

Press 4: Water Samples

For results on water samples submitted.

Press 5: Shipping and Supplies

For example, requests for transport media such as SAF for parasitology specimens, Carey Blair or viral transport media for specimens submitted to the Saskatchewan Disease Control Laboratory.

Press 6: Emergency After Hours Service (Evenings & Weekends Only)

TOXICOLOGY/CHEMISTRY	536-4653	
NEEDLE STICK EXPOSURE/ORGAN DONORS	537-0639	
MOLECULAR DIAGNOSTICS - ORGAN DONORS	537-9416	
MEDICAL DIRECTOR	536-7658	Dr. G. Horsman
ASSISTANT CLINICAL DIRECTOR	537-4285	Dr. P. Levett
CHEMISTRY, SCREENING & REFERENCE TESTING	533-6532	Dr. D. Lehotay
ENVIRONMENTAL SERVICES	535-7388	Dr. P. Bailey

VACCINES – PHONE YOUR REGIONAL PUBLIC HEALTH OFFICE

Press 9: Repeat Menu

Press 0: To speak with an attendant.

PAPER REQUESTS

Paper Requests:

1. Laboratory does not accept verbal test requests and requires you to fax in a request/requisition for any additional testing.
2. If patient cannot be identified, as in "circle of care" then we require a "signed release of medical information form" faxed to us at 787-9122.

REMEMBER Call 787-3131 for information from the Saskatchewan Disease Control Laboratory.

Laboratory Evidence of Human Viral Infections- # of Positive Findings 2007

Date	Adenovirus	Astro/Calicivirus	Coxsackie virus	CMV	EBV	Echovirus	Enterovirus NT	HAV	HBV	HCV	HIV-1	HSV-1	HSV-2	Influenza A	Influenza B	MPV	Measles	Molluscum contagiosum	Mumps	Norovirus	Parainfluenza	Parvovirus	RSV	Rotavirus	Rubella	Varicella zoster
Jan-07	13			1	6		3	1	15	71	17	15	7	66						210	15	2	113	10		5
Feb	4			1	9				3	62	6	3	5	48			1			110	1	1	55	32		3
Mar	12				12		2	1	5	54	14	17	10	52						101	7	5	36	138		8
Apr	13				12			1	6	64	12	13	8	12	2				1	43	5	2	6	92		5
May	19			3	16				6	72	24	14	18	1	1	9			1	13	21	4	5	32		7
June	19		1	6	10		4	1	8	62	13	14	14			8				11	12	4	1	7		9
July	26		5	12	15		10		10	76	12	23	8			2	1		1	7	1	1		1		8
Aug	12		11	12	14	4	14		6	66	15	26	12				3		6	4	4	3			4	7
Sept	15		10	10	11	3	4		4	63	13	20	9			1	2				2	5		1	1	3
Oct	26		13	9	14		6		10	79	31	11	10				2		6	8	11	4	1			10
Nov																										
Dec																										
Totals	159	0	40	54	119	7	43	4	73	669	157	156	101	179	3		9	0	15	507	79	31	217	313	5	65

Saskatchewan Ministry of Health
Saskatchewan Disease Control Laboratory

Severe Respiratory Illness & Pandemic Influenza Requisition

Place Saskatchewan Disease Control Laboratory number sticker here

Patient's Name & Address (required - print clearly)	Patient PHN
	Birthdate D M Y
	Gender ☐ Male ☐ Female
Postal Code ☐☐☐ ☐☐☐	Sending Location Phone #
Outbreak #	MHO Name
MHO authorization ☐ Yes ☐ No	Collection Date D M Y
Diagnosis	Collection Time D M Y
Physician name (include initials)	Physician MCIB#
Return Address (Doctor/Clinic/Hospital)	
In addition to mail/courier, please copy to: ☐ Mail* or ☐ Fax (____) ____ - _____	Dr.'s Name _____ ☐ Phone report (____) ____ - _____

Please ensure that requisitions and specimens are properly labeled.
These are for Saskatchewan Disease Control Laboratory purposes only.

Specimen Type

☐ Nasal ☐ Nasopharyngeal ☐ Throat
Number of swabs sent _____
☐ Sputum ☐ Tracheal/BAL
☐ Other (specify) _____

Symptoms

☐ Asymptomatic ☐ Fever ☐ Pharyngitis
☐ Cough ☐ Diarrhea ☐ Pneumonia
☐ Encephalitis ☐ ☐
☐ Other (specify) _____
Days of Fever _____ Days of Respiratory Symptoms _____

Site

☐ Home ☐ Clinic ☐ Emergency Dept. ☐ Inpatient-ward
☐ Inpatient ICU ☐ Died

Epidemiologic Information (see reverse)

☐ Travel to endemic area (Specify) _____
☐ Human Contact ☐ Proven/suspected ☐ Hospitalized ☐ Fatal
☐ Animal contact (Specify) _____

Follow up

☐ Prophylaxis ☐ Oseltamivir (Tamiflu) (Days _____)
☐ Treatment ☐ Oseltamivir (Tamiflu) (Days _____)
☐ Zanamivir (Relenza) (Days _____)
☐ Other _____
Response ☐ Yes ☐ Partial ☐ No

Health 13 12/07

Severe Respiratory Illness & Pandemic Influenza

This requisition is to accompany specimens sent to the Saskatchewan Disease Control Laboratory (SDCL) for the working of severe respiratory illness (SRI). The monitoring of severe respiratory illness is an important part of pandemic influenza plan for surveillance of pandemic influenza.

As a rule, this covers patients with a recent travel history to an area in which unusual influenza strains are circulating.

A process to identify such cases includes the **3 T's**:

THINK – Think about the possibility that a person with a severe respiratory illness has been to a high-risk area for influenza strains of concern.

TALK – When you are aware of a potential SRI case, then discuss it with your regional Medical Health Officer (MHO). When influenza strains of concern appear, the countries involved can evolve quickly. Your MHO is in the best position to know the current recommendations and provide information on the best sample to submit. Your MHO will be familiar with protocols to be used for hospitalized patients.

TAKE – Take appropriate samples, send to SDCL. Please call (306) 787-3131 to notify SDCL that the specimen is coming.

Nasopharyngeal Swab: Pass a flexible, fine-shafted swab into the nasopharynx. Rotate the swab to collect ample epithelial cells. Carefully remove the swab and place it in the viral transport media.

Throat Swab: A vigorous swab taken of the tonsils and posterior pharyngeal wall should be placed in the viral transport media.

Sputum and BAL send in a sterile container.

Epidemiologic Information: The human contact refers to contact with a person with SRI/influenza in the city/country in the travel history. In addition did the exposure occur with a person who was subsequently hospitalized and/or died?

Follow up: This section refers to the person from whom the specimen has been taken. The information on prophylaxis and treatment helps identify samples that will be referred for testing for antiviral resistance.

This requisition provides minimal surveillance data for public health to monitor the appearance of pandemic influenza or outbreaks of other severe respiratory viruses.

For results, please phone:	787-3138 Virology
For interpretation or information, please call:	787-3135 Dr. Paul Levett 787-8316 Dr. G. Horsman

Saskatchewan

Saskatchewan
Ministry of
Health

Saskatchewan Disease
Control Laboratory
3211 Albert Street
Regina, Canada S4S 5W6

Scenario	EIA Trepsure	TPHA, TPPA	RPR	Interpretation or Action
1	non-reactive	Not Applicable*	Not Applicable*	no serological evidence of syphilis
2	reactive indeterminate indeterminate** reactive**	reactive non-reactive non-reactive reactive	non-reactive non-reactive 1:1 < 1:8 1.1 < 1:8	either early syphilis or old treated syphilis or follow-up of treated syphilis or person from endemic country for yaws, pinta or bejel. **ACTION**: if risk factors for syphilis*** or signs/symptoms consistent with early syphilis , discuss with MHO **or** one time repeat test in two months to follow change in RPR titre
3	reactive**	reactive	1:8	May be infectious syphilis if no previous history of syphilis **ACTION**: consult with MHO for possible treatment
4	reactive**	reactive	1:16 or greater	Consistent with acute syphilis and requires treatment **ACTION:** consult with MHO to arrange treatment
5	CSF reactive by VDRL which is consistent with neurosyphilis**			CSF was submitted to rule out neurosyphilis
6	CSF is non-reactive by VDRL; rules out neurosyphilis			
7	If the patient is asymptomatic and the repeat RPR remains equal to or less than 1:8, there is no serological evidence of acute syphilis.			**ACTION**: no further testing is warranted.

This table can be used to interpret the syphilis tests done on your patient.

* If EIA is non-reactive, no further testing is done on that sample.

** SDCL reports to Medical Health Officer.

*** Saskatchewan has reported increased syphilis since early in 2006. The risk factors for syphilis in Saskatchewan include: involvement in the sex trade; contact with an infectious case; men who have sex with men (MSM); anonymous sex (internet hook ups), HIV infection and involvement with injection drug use.

NOTES

- A four fold rise or fall in RPR titre is consistent with active syphilis
- With EIA reactive and symptoms of neurosyphilis, submit CSF for VDRL. The RPR reactivity cannot be used to diagnose neurosyphilis.
- Syphilis treatment (benzathine penicillin IM) is available from public health.

SASKATCHEWAN DISEASE CONTROL LABORATORY HOURS OF OPERATION FOR 2008 STAT HOLIDAYS

Stat Holiday	Molecular Diagnostics *	Immunology *	Microbiology	Chem – Tox - Endo*	Virology	Environmental	SMC	Materials Management	Administrative Support	IT*	Quality Management
New Year's Jan 01/08	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed
Family Day Feb 18/08	No staff scheduled	No staff scheduled	Reduced Staff 8-12	No staff scheduled	Reduced Staff 8-12	Reduced Staff 11 to 1	Reduced Staff 8-12	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Good Friday Mar 21/08	No staff scheduled	No staff scheduled	Reduced Staff 8-12	No staff scheduled	Reduced Staff 8-12	Reduced Staff 10 to 2	Reduced Staff 8-12	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Victoria Day May 19/08	No staff scheduled	No staff scheduled	Reduced Staff 8-12	No staff scheduled	Reduced Staff 8-12	Reduced Staff 11 to 1	Reduced Staff 8-12	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Float Day Jun 30/08	No staff scheduled	No staff scheduled	Reduced Staff 8-12	No staff scheduled	Reduced Staff 8-12	Reduced Staff 10 to 2	Reduced Staff 7:15-4	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Canada Day Jul 01/08	No staff scheduled	No staff scheduled	Reduced Staff 8-12	No staff scheduled	Reduced Staff 8-12	Reduced Staff 10 to 2	Reduced Staff 8-12	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Sask. Day Aug 04/08	No staff scheduled	No staff scheduled	Reduced Staff 8-12	No staff scheduled	Reduced Staff 8-12	Reduced Staff 10 to 2	Reduced Staff 8-12	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Labour Day Sep 01/08	No staff scheduled	No staff scheduled	Reduced Staff 8-12	No staff scheduled	Reduced Staff 8-12	Reduced Staff 11 to 2	Reduced Staff 8-12	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Thanksgiving Oct 13/08	No staff scheduled	No staff scheduled	Reduced Staff 8-12	No staff scheduled	Reduced Staff 8-12	Reduced Staff 11 to 2	Reduced Staff 8-12	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Remembrance Day Nov 11/08	No staff scheduled	No staff scheduled	Reduced Staff 8-12	No staff scheduled	Reduced Staff 8-12	Closed	Reduced Staff 8-12	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Christmas Day Dec 25/08	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	No staff scheduled	No staff scheduled
Boxing Day Dec 26/08	No staff scheduled	No staff scheduled	Reduced Staff 2 hours	No staff scheduled	Reduced Staff 8-12	Reduced Staff 11 to 1	Reduced Staff 8-12	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled

* Indicates that there are further comments about the department below.

Molecular Diagnostics – On call for WNV PCR (seasonal) and for cell, tissue & organ transplant.

Immunology – One staff member on call 24/7 for needlestick, transplant or approved Stats.

Chem/Tox/Endo/Neonatal – Toxicology is on call. Concerns or requests for chemistry and for newborn screening can be directed to Jeff Eichhorst @ 533-3046 or Dr. D. Lehotay @ 533-6532.

IT Office – On call from 8:00 to 4:00 on all Stats.